

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Etagen	15 926	12-26-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

# Best Available Copy

Claim	Date
Final	3
Original	04
1	L
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14	O
15	V
16	V
17	V
18	L
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25	V
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Claim	Date
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If more than 150 claims or 10 actions  
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